

FILED

## CIVIL FEE WAIVER AFFIDAVIT AND ORDER

JAN 28 2025

CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
CLEVELANDIN United States District Court  
Northern District of OhioTERRY FOSTER  
Plaintiff,CASE NO. 1:25 CV 00139  
JUDGE JUDGE BRENNAN

vs.

GRAY Local Media, INC  
Defendant.FINANCIAL DISCLOSURE / FEE-  
WAIVER AFFIDAVIT  
AND ORDER

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name <u>TERRY</u>		Applicant's Last Name <u>FOSTER</u>	
Applicant's Date of Birth <u>4/15/68</u>		Last 4 Digits of Applicant's SSN <u>6402</u>	
Applicant's Address  			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
<u>N/A</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>N/A</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>N/A</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines. <u>N/A</u>			
Place an "X" next to any benefits you receive.			
Ohio Works First <sup>1</sup> : <input type="checkbox"/>	SSI <sup>2</sup> : <input type="checkbox"/>	Medicaid <sup>3</sup> : <input type="checkbox"/>	Veterans Pension Benefit <sup>4</sup> : <input type="checkbox"/> SNAP / Food Stamps <sup>5</sup> : <input type="checkbox"/>
Monthly Income			
I am NOT able to access my spouse's income <input type="checkbox"/>			
<u>N/A</u>	Applicant	Spouse (If Living in Household)	Total Monthly Income

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$ <u>N/A</u>	\$ <u>      </u>	\$ <u>      </u>
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$ <u>      </u>	\$ <u>      </u>	\$ <u>      </u>
<b>TOTAL MONTHLY INCOME</b>			\$ <u>      </u>
<b>Liquid Assets</b>			
<b>Type of Asset</b>	<b>Estimated Value</b>		
Cash on Hand	\$ <u>      </u>		
Available Cash in Checking, Savings, Money Market Accounts	\$ <u>N/A</u>		
Stocks, Bonds, CDs	\$ <u>      </u>		
Other Liquid Assets	\$ <u>      </u>		
<b>Total Liquid Assets</b>	\$ <u>      </u>		
<b>Monthly Expenses</b>			
<b>Column A</b>		<b>Column B</b>	
<b>Type of Expense</b>	<b>Amount</b>	<b>Type of Expense</b>	<b>Amount</b>
Rent / Mortgage / Property Tax / Insurance	\$ <u>N/A</u>	Insurance (Medical, Dental, Auto, etc.)	\$ <u>N/A</u>
Food / Paper Products/Cleaning Products/Toiletries	\$ <u>N/A</u>	Child or Spousal Support that You Pay	\$ <u>      </u>
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$ <u>      </u>	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$ <u>      </u>
Transportation / Gas	\$ <u>      </u>	Credit Card, Other Loans	\$ <u>      </u>
Phone	\$ <u>      </u>	Taxes Withheld or Owed	\$ <u>      </u>
Child Care	\$ <u>      </u>	Other (e.g. garnishments)	\$ <u>      </u>
<b>Total Column A Expenses</b>	\$ <u>      </u>	<b>Total Column B Expenses</b>	\$ <u>      </u>
<b>TOTAL MONTHLY EXPENSES (Column A + Column B)</b>			

I, TERRY FOSTER, hereby certify that the information I have provided on  
(Print Name)

this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

**NOTARY PUBLIC:**

Sworn to before me and signed in my presence this  
in Richland County, Ohio.

Signature



Notary Public (Signature)

Kelly ROSE  
Notary Public (Printed)

My Commission expires: 5/17/25

Richland Ohio

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.